

and its stability. Having made these introductory remarks, I should now like to turn to the details of the legislation before us.

May I call it five o'clock, Mr. Speaker?

PROCEEDINGS ON ADJOURNMENT MOTION

SUBJECT MATTER OF QUESTIONS TO BE DEBATED

Mr. Speaker: It is my duty, pursuant to Standing Order 40, to inform the House that the questions to be raised tonight at the time of adjournment are as follows: the hon. member for Hillsborough (Mr. Macquarrie)—External Affairs—East Pakistan conflict—Discussions with Indian and Pakistani representatives—provision of relief supplies; the hon. member for Moose Jaw (Mr. Sko-berg)—Airports—Toronto International—method of letting contracts for skycap services; the hon. member for Halifax-East Hants (Mr. McCleave)—Post Office—last daily pick up of mail in cities.

It being five o'clock, the House will now proceed to the consideration of private members business as listed on today's order paper, namely, notices of motions, public bills.

PRIVATE MEMBERS' MOTIONS

HEALTH

MEDICARE—SUGGESTED DISQUALIFICATION OF PROVINCES IMPOSING DETERRENT FEES OR FAILING TO USE FUNDS FOR MEDICAL SERVICES ONLY

Mr. Les Benjamin (Regina-Lake Centre) moved:

That, in the opinion of this House, the government should give consideration to the advisability of introducing legislation to amend to Hospital Insurance and Diagnostic Services Act and the Medical Care Act to provide (a) that the imposing by any province under its own hospitalization and medical care plans of deterrent or utilization fees upon recipients of these services, or (b) that the failure by any province to make legislative provision that all funds received from the federal government shall be used only to cover costs of its hospitalization and medical care plans will disqualify such province from receiving any share of costs from the government of Canada.

● (5:00 p.m.)

He said: Mr. Speaker, this motion has been on the order paper in my name each session of this parliament. Until something is done about the subject matter of the motion it will remain on the order paper for as long as I am a member of this House.

I spoke on this subject in October, 1968, in the first session of this Parliament, and I will repeat some of the remarks I made then because they are as valid now as they were at that time. But I also have some additional evidence to support my contention that measures must be taken that will effectively prevent provinces from implementing deterrent fees to be paid by the recipients of medical care and hospitalization services, and will effec-

Use of Medicare Funds By Provinces

tively prevent provinces from making any other use of funds received from the federal government for their hospital and medical care plans. The motion asks the government to consider a method that would effectively accomplish the purpose stated in it, namely, that when a province decides to implement deterrent fees or to use funds received from the federal government for some other purpose, it would no longer qualify for any share of costs from the government of Canada.

Universal public hospitalization and medicare plans in theory imply, and in fact require, that the total population prepay the cost of hospital and medical care benefits that any citizen may incur in the event of illness. In spite of organized opposition from some individuals and groups, the fact is that the overwhelming majority of Canadians wish to participate in a collective way to protect themselves and their families from being faced with large financial obligations at the time of illness, or immediately after illness strikes. In other words, Mr. Speaker, the consumers of medical and hospital services decided through their governments to prepay the costs of their hospital and medical care needs. Underlying these measures is the principle that good health is a right, not a privilege, of every citizen of this country. It is a basic tenet of such public programs that regardless of financial means or station in life, the right to good health and treatment for illness shall not be denied to any citizen because of financial barriers.

The intent and purpose of universal hospital and medical care plans are to provide full and equal access to the best possible health care for each citizen regardless of his station in life, financial means, race, colour or creed, or his place of residence. They are a way of spreading the cost of health care over the entire population, and of removing the financial burden of hospital and doctor bills from the patient. The great majority of citizens have decided, through their democratically elected governments, that they wish to pay in advance for their hospital and medical care through yearly premiums, through income tax and sales tax, and other similar measures. Premiums, of course, are a fixed charge on every citizen. Income and sales taxes to a larger or lesser degree are based on ability to pay. This then brings me to the purpose of this motion. Experience has shown and is showing that some provinces are imposing additional charges that completely negate the intent and purpose of public hospital and medical care plans, including the federal Medicare Act and the Hospital Insurance and Diagnostic Services Act.

The imposition of so-called deterrent fees, or utilization fees, or co-insurance fees on a patient is, in fact, an extra tax on those who become sick or injured. It means that people who have already paid for their hospitalization and doctor care through their premiums and taxes, must pay again as soon as they are sick. Such charges, I submit, fly in the face of the intent of our national Medicare Act, and are perpetrated because of loopholes in the Hospital Insurance and Diagnostic Services Act. The effect of deterrent or utilization fees is, in fact, to deny reasonable access to medical and hospital services to the poor, the chronically ill, the aged, and those with